

GROUP VOLUNTEER APPLICATION



Department of Conservation & Recreation
CONSERVING VIRGINIA'S NATURAL & RECREATIONAL RESOURCES

**Volunteer
Location**

NAME OF GROUP _____ **Group Size** _____ **Group Age Range** _____

Mailing Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

CONTACT PERSON

Last Name _____ **First** _____ **MI** _____

Home Phone (_____) _____ **Cell/Business Phone** (_____) _____

Email Address _____

Alternate Contacts: List 2 people other than yourself who can serve as group contacts

	Name	Phone	Email
(1)	_____	_____	_____
(2)	_____	_____	_____

VOLUNTEER INTERESTS (Check all that apply.)

<input type="checkbox"/> Visitor Services (visitor center, host, greeter)	<input type="checkbox"/> Administration/Office
<input type="checkbox"/> Maintenance (buildings, grounds)	<input type="checkbox"/> Interpretation - Environmental
<input type="checkbox"/> Resource Management (trails, cleanups, water quality)	<input type="checkbox"/> Interpretation - Historic/Cultural
<input type="checkbox"/> Skilled Labor (explain skill) _____	<input type="checkbox"/> Special Events
<input type="checkbox"/> Other (explain) _____	

VOLUNTEER AVAILABILITY (Check all that apply.)

Summer _____	Fall _____	Winter _____	Spring _____			
Sat _____	Sun _____	Mon _____	Tue _____	Wed _____	Thur _____	Fri _____
Morning _____	Afternoon _____	Evening _____	Special events/Projects _____			

CONSENT FOR MINORS: (To be completed if volunteers are under age of 18)

Our organization has obtained permission from parents/guardians of minors to participate in this group volunteer project. I understand that outdoor activities have potential risks and assume responsibility for minors in our group.

Signature of Group Representative _____ **Date** _____

VISUAL IMAGE RELEASE

While volunteering our services at Virginia State Parks, we hereby consent to the use of visual images taken of group members for the purpose of advertising, promoting, offering the benefits of or teaching about the facilities and services of Virginia State Parks. We need not inspect or approve the finished product of any copy using our image.

Signature of Group Representative _____ **Date** _____

PLEASE CONTINUE ON BACK

AGREEMENT:

- (1) We agree to volunteer our time and talents to assist Virginia State Parks (VSP) in carrying out its mission to conserve Virginia's natural and recreational resources.
- (2) We understand that we will not receive any monetary compensation and that we are not eligible for the benefits offered to state employees. We understand that our volunteer services to VSP will be considered as legitimate job experience when applying for a related classified state position.
- (3) We understand that while on duty, we are covered by secondary medical insurance provided by VSP.
- (4) We understand that with proper notification either our group or VSP may cancel this agreement at any time.
- (5) We understand as Group Volunteers we do not qualify for the parks regular individual volunteer benefits plan, and that the Park Manager may grant us special benefits depending on our project and total volunteer hours. Individual members of our group may complete a Volunteer Application and become involved as individual volunteers of the park.
- (6) We agree to:
 - Complete the duties that we are assigned to the best of our ability.
 - Arrive on time and notify staff when we are unable to work the shift or hours we had planned.
 - Be courteous and respectful to the public, volunteers, and staff.
 - Abide by all park policies, rules, and regulations.
 - Share our ideas for improving the program area in which we work, but understand that not all ideas can be implemented.
- (7) DCR agrees to:
 - Treat us with respect and courtesy.
 - Provide necessary training to do our assignments.
 - Provide a safe working environment.

I hereby certify that all entries on this application are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of Virginia State Parks.

By signing below, I acknowledge that I have read and agree to abide by the above statements.

Signature of Group Representative _____

Date _____

Group Volunteer Project Agreement (Give copy of agreement to group representative.)

Work Date(s) _____ Time _____

Location to Meet Staff Supervisor _____

Total # of Volunteers _____ # of Adults _____ # of Youth (under 18) _____

Description of Project _____

Special Instructions for Group (tools or equipment they will provide or appropriate clothing for job)

Group Representative

Park Volunteer Supervisor or Coordinator

Print Name

Print Name

Signature

Signature

Date _____

Date _____